An Essay
on
Uterine Hemorrhage

for the degree of Doctor of Medicine

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[illegible]pate, must be completed the difficult
[illegible]iting an inaugural essay; a task, uniform
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By — Whiteside[illegible] passed March 11. 1817

"Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children;"

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Note

The first appearance of an actor upon the stage of literature, always has, and perhaps ever will be, the most anxious epoch in his worldly career. Constantly under the influence of anxiety, he is always dissatisfied with his own productions, and equally incapable, either of perceiving or improving the actual errors he may have committed. Continually embarrassed, he mistakes error for correct principles, and views absurdity as the beauty and ornament of his attempts. — Under circumstances thus peculiarly unfortunate, must be completed the difficult and perplexing task of writing an inaugural essay; a task, uniformly imposed upon candidates for the degree of Doctor of Medicine. — It is easily perceived in my opinion, that the task was instituted, more for the purpose of affording the candidate an opportunity of evincing his diligence in having acquired a knowledge of the different medical subjects, than the probability of its obtruding upon the world any new discoveries

The deciding upon a subject suitable for a dissertation, was attended with some difficulty, and would have been still more

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difficult, had not my attention been lately attracted to the alarming situation to which two of my friends were reduced, in consequence of violent hemorrhage from the uterus during parturition. The very particular interest I had in their fate, induced me to make Uterine Hemorrhage the subject of my essay. — I am aware, that I am unable to offer any thing new or interesting, worthy the attention of my respected preceptor, or even to place in a more lucid form, any thing heretofore written upon the subject.

Before concluding this note, it will be proper for me to add, that I have freely adopted the opinions and perhaps too frequently the language of others, without in every instance acknowledging the source. But I hope I shall be pardoned, when I confess I have collected them from every source within my reach, and make no pretentions to originality

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An Essay
on Uterine Hemorrhage

Nature, in her distribution of the evils to be borne by the human race, was peculiarly lavish with the portion she allotted to the fairest and most lovely part of the creation. — The female sex are not only subject to almost every affection incident to the other sex, but are themselves, the subjects of a long train of sufferings; the most of which are the consequences of the duty imposed upon them by the great author of the universe for the propagation of the human species; which renders their sufferings in the highest degree interesting to us, exciting our most lively ~~our most lively~~ sensations, and our warmest sympathies. The subject of the following sheets is one of those peculiar cases.

Hemorhage from the uterus, is a dangerous and troublesome circumstance, constantly obtruding upon the peace and pleasure of the practitioner; this circumstance alone, would render it an object of particular interest and attention. But

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when to the frequency of its occurrence and the very great danger with which it is at all times attended, we add the delicacy of the subject and the censure we receive in case of a failure, thereby intimately connecting the difficulty of the case with the reputation and success of the practitioner, the students attention is instantly attracted to it as a subject requiring his most assiduous study and scrutinising observation.

The subject of Uterine Hemorhage has usually been treated as connected entirely with pregnancy, and generally limited to the last three months of that state. – But as the term itself embraces all hemorhagies from the uterus, and as actual hemorhage does take place from the unimpregnated uterus, as well as from almost every part of the body, I have treated of it cursorily in this state with some few observations on it in the early months of pregnancy, in addition to the usual manner of treating the subject. – Though this manner of arrangement is somewhat different from what so many able and conspicuous writers have chosen to adopt, I will not I hope, be thought as blending too many subjects together, and endeavouring for the mere sake of novelty to render obtruse those points already somewhat

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what clear and defined. But wish to be considered as at=
tempting to treat of hemorrhagies incident to the viscus in its dif=
ferent states. —

Hemorrhage from the unimpregnated uterus, has ge=
nerally been considered under the term menorrhagia, which has
been defined "an increased flow of the menstrual fluid, or a
discharge of blood from the uterus. — It will not be necessary
here to enter into the consideration of the physiological question,
whether or not the menstrual fluid is a secretion. After the
observations of Mr. John Hunter, the subject of contest may be consi=
dered at rest, and the fact established. — In order to shew that a
morbidly increased discharge, is not at all times an increased
secretion of the menstrual fluid but is sometimes purely
blood; we shall notice a few of the most prominent differences
between the menstrual fluid and blood, and in doing this,
we strike a line at once between uterine hemorrhage, and
what we consider menorrhagia. That there is a difference
between the menstrual fluid and blood, there can no doubt. —
The two fluids are different, in as much as chemical analysis
proves them to be different. They are different in their odour and

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colour; the menstrual fluid does not contain the fibrine principle contained in blood, and, consequently does not like blood coagulate: the blood is of a well known colour, the menstrual fluid of a dark brown a chocolate colour

From these distinctions made, there would at first view appear a very material difference between the two cases; yet the difference is not generally so obvious in practice, as it would seem to be in theory; as the discharge of pure blood often recurs with the periodical regularity of menstruation. A partial distinction between the two cases has been made by Mr. Burns, which as a practical rule will generally be found sufficiently definite; "that all profuse discharges from the uterus are hemorhagies." Considering the difficulty of at all times obtaining precise and exact information, owing in most instances to motives of delicacy in our patients, we shall content ourselves with this distinction of Mr Burns, and according to it attempt the treatment; and as we have nothing to propose, different from what has so frequently been the subject of much abler pens, we shall in a great measure confine our observations to pointing out in what manner, the treatment of pure uterine hemorhage when it is accurately ascertained, ought

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to differ from that of proper menorrhagia.

The symptoms of those two cases independent of the discharge are generally, ~~the same~~ and perhaps always the same, at least we are unable to define any symptoms peculiar to one which are not generally attendent on the other. A pain in the uterine region and in the back generally accompanies both those morbid ~~affections~~ conditions of the uterus, and both cases may be accompanied with an increased or a diminished arterial action, producing either an increased frequency of the pulse and febrile heat frequently preceded by chills, or just the contrary, evincing marks of torpor, a cold skin and a continual languor.

In noticing the symptoms, I have but briefly given the substance of the opinions of authors generally, particularly of the celebrated Doctor Denman, whose remarks are founded on long experience and nice observation, and but that all theoretical speculations must give way to practical facts, it would be somewhat difficult to reconcile the assertion, that either hemorhage or an increased menstrual secretion should take place when the arterial system

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evinces marks of debility, in as much as all secretions come from the blood, and, the quantity secreted, ought in a great measure to correspond with the quantity of blood the secreting viscus is furnished with, consequently a diminished arterial action would cause a diminution of the secreted fluid. In this theoretical point of view it would seem necessary, that the subject under consideration should be the consequence of an increased arterial action. The few cases of hemorrhage from the unimpregnated uterus which have been subject to my own observation, were certainly of a different nature, the subjects of them being evidently considerably debilitated and no marks whatever present of general increased action. This, however, is still not conclusive evidence that hemorrhage is not the consequence of an increased arterial action; as the action of the arteries of the uterus may be much increased and those of the rest of the system not affected

I have in the preceding paragraph taken notice of but one side of the question, and whether the correct one or not I am still in doubt. Taking it for granted that the

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arterial action of one particular viscus may be either increased or diminished, and the remainder of the arterial system continue unaltered, or if altered to be affected in direct opposition to the diseased viscus, it is possible that the general system may continue in its natural state, or be morbidly increased, and the action of the uterus be considerably diminished. In this situation the uterus would be unable to perform its true secretory process, and the arteries partaking of its debilitated state, be, either ruptured, or much distended, and the caliber of their tortuous extremeties so much enlarged, as freely to transmit blood. In this view of the subject it would theoretically appear that, hemorhage may be the consequence either of an increased or a diminished action of the uterus, but, that true menorhagia is the consequence only of an increased arterial action of the uterus.

In the treatment of all diseases, a true theoretical view of the subject is certainly of the highest importance, but in the particular one before us, it is less so than in almost any other. In menorhagia proper we think with Professor

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Chapman "that little else is required during the flow than perfect rest, a cool room and some acidulated drink, as cremor tartar, to keep the bowels open and occasionally if there be pain or irritation an anodyne"; as with him we believe, that the discharge "resulting from a natural secretory action of the uterus, will run on to the usual period of its termination whatever may be done". In the treatment of hemorhage the case is different and we must be governed more by general principles. The secale cornutum has of late been much noticed in uterine hemorhage during pregnancy, and when we come to treat of that state of the uterus, we shall endeavour to particularise its use; but as its efficacy has in some instances been observed in what is usually denomenated menorrhagia, it becomes necessary to take some slight notice of it here. The few opportunities in private practice, offered to the student of medicine for making observations upon the efficacy of medicines in female complaints, renders the instances of its goods effects under my own notice, very limited: but in the few cases I was witness to, its effects were decidedly useful and immediately so. In relation to the affects of this article in the above instances

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it is necessary to add, that in all the cases I had the opportunity of witnessing them, the hemorrhage appeared to be of a perfectly passive nature, as there was no kind of inflammatory action present, but always evident marks of debility. Whether this article would be found equally useful in an increased secretion of the menses I am unable to determine

In addition to the foregoing remarks on the treatment of uterine hemorrhage, we will notice a few of the most prominent remedies. The use of opium has of late been the subject of some speculation. Doctor Hamilton advises the most intrepid use of it, and his authority is grounds sufficient for its use. We think from the view we have taken of the disease, that the operation of opium is not incompatible with the theory suggested: that is, we think it would be found useful when the hemorrhage is in consequence of a debilitated state of the uterus, or of the whole system; but Dr. Hamilton does not make any distinction of this kind but advises it generally without regard to any state of the system; and upon the advice of Dr. Hamilton we would not "if necessary hesitate to make the experiment". When there is evidence of

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inflammatory action present bleeding should be premised. Digitalis has been much recommended, and from the general action of the medicine, we should be induced to anticipate much benefit from its use in cases of increased arterial action; but Professor Chapman thinks it a precarious remedy as he has known the bleeding to become most alarming under its use. In cases of a more moderate nature, cold applications, as cold water, will be found useful; the acetate of lead and its combinations with opium and ipecacuanna will generally be found useful.

Having imperfectly finished the first division of our subject, the arrangement proposed leads us to take notice of the second part, or the cases wherein the subject of our essay takes place in the early months of pregnancy; that is within the first two thirds of the usual time of utero gestation, or in other words within the first six months of pregnancy, the fœtus previous to this period being generally in a yet imperfect state, and consequently unable to survive after its expulsion. In this situation the woman is said to miscarry or have an abortion.

The subject of abortion, is, within itself a subject of much importance, and one quite too extensive to be included

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within the limits of the arrangement of this essay; the object of which was to take notice of the cases of hemorhage from the uterus, wherein the secale cornutum might be found useful as a medicine. And further after the elaborate essay of Mr. Burns on this subject, it would be the height of presumption in a person without any experience, to suggest any arrangement or treatment different from what he has so judiciously chosen to adopt.

With these considerations we view it most prudent to dismiss the subject without further comment, and proceed to those hemorhagies occurring within the last three months of pregnancy.

Before entering upon the consideration of the subject, it will be proper first again to notice, that hemorhage from the uterus may take place at very different periods of time with respect to actual labour. When it occurs within the first six months of pregnancy, it is as before noticed generally attended with abortion, in consequence of which the remainder of our essay will be limited to the last three months of pregnancy, because, during that period, uterine hemorhage is always attended with danger to the life of the patient, and the situation of the patient will generally require a treatment

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of a similar nature. From the extent and impetuosity of the hemorhage it has very naturally been termed flooding. Hemorhage may occur at any period from the sixth month until labour commences, or it may occur ~~after the first pain~~ during labour previous to the birth of the child: it may occur after the birth of the child and previous to the abstraction of the placenta: and it may occur after the birth of the child and removal of the placenta.

The remote cause is very frequently accidental, and may be owing to violent exercise, as walking dancing &c.; or may succeed external violence of any kind having a tendency to cause a seperation of a part or the whole of the placenta from the uterus: and further, it may be produced by any circumstance having a tendency to increase the general circulation to any considerable degree, thereby most probably producing some want of regularity or coincidence in the circulation between the uterus and placenta.

The proximate cause of hemorhage from the uterus previous to the expulsion of the placenta, is the rupturing many large vessels produced by the seperation of the whole or a part of the placenta from the uterus, at a time when that organ from pecu=

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liar circumstances, is unable to contract sufficiently to close the mouths of the bleeding vessels. The extent of the flooding will be in proportion to the extent of the seperation, the size of the vessels opened and the power of the uterine contraction. There is a peculiar situation of the placenta, requiring our most particular attention, that is always attended with hemorrhage during the last three months of pregnancy, that is when it is attached over the os uteri; and the hemorrhage will be greater or less, the nearer to or further the middle of the placenta is from the os uteri, and will be greatest when the centre is directly over it. When only a small portion of the placenta is seperated and the hemorrhage inconsiderable, not unfrequently a coagulation is formed which puts a stop to its progress.

The Symptoms of this disease are at first very inconsiderable. A month or six weeks previous to labour, a small portion of the placenta may be detached and a few vessels ruptured: we do not generally consider it of much importance, requiring little more than a strict attention lest in our absence labour might come on and actual flooding commence. Sometimes profuse flooding comes on instantaneously and

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the patient very soon faints away, not more from the great quantity of blood lost than from the suddeness with which it is evacuated, in consequence of the vessels ruptured being very large and not containing power sufficient within themselves to produce a contraction adequate to the reduced volume of blood they contain, thereby impeding for a time the circulation: for an animal will be able to lose a certain quantity of blood when slowly evacuated and from small vessels, without proving fatal, but if the same quantity be suddenly taken, and from large vessels, it will destroy it.

When fainting comes on the hemorrhage is for a time restrained, and it may not again return; but much more frequently it is reproduced, and by very slight causes, as going to stool, voiding urine. When a woman has once been attacked with hemorrhage, she ought to be considered in danger until she is delivered. From the commencement of the attack may the practitioner date his anxiety for the fate of his patient, and consider his having at that time given bond for his immediate appearance on the slightest intimation of a return.

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In some cases of violent hemorhage there is very little or no pain: these are always dangerous instances, as the want of pain is proof positive of the want of uterine contraction, the only radical remedy to the disease. The dangers we are to apprehend, and which do actually happen, are the immoderate loss of blood, not depending on the real quantity lost, but on the suddeness with which it is evacuated and the repetition of the hemorhage. This last should be watched with the greatest caution, for frequently blood is dicharged in so small quantities as not in any degree to alarm the patient, and tending to lull the practitioner into security. The power of the constitution is impaired and the strength undermined, in proportion to the excessive loss of blood and the repetition of the hemorhage.

Having noticed the usual symptoms of the disease, we shall now notice those indicating a fatal termination after the woman shall have withstood the first attacks, and we are sorry to add that too frequently we are witnesses to them. The first symptoms of the description mentioned are, a shivering, a want of pain and consequently a want of contractile power

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in the uterus, both of which are the effects of weakness occa=
sioned by the great loss of blood. The next mark indica=
ting danger, is the very relaxed state of the os uteri after se=
veral attacks of flooding, evincing a want of that power of con=
traction which we so anxiously look to for redress. The pulse
next becomes slow and contracted, presenting a sensation to
the touch very similar to the vibrating cord of a spinnet,
and sometimes is found undulating. The physician is
next compelled to witness the striking alteration in the
countenance, the visage pale and sunk, owing to the circula=
tion in the small vessels having ceased and the blood retreat=
ed from them to aid in supporting the attack upon the larger
ones about the seat of the circulating goverment. The symptom
next, is one very little looked for, and not expected after
a great loss of blood: it is an unusual inquietude and rest=
lessness.

Having enumerated the symptoms proposed in
the order in which they generally occur, it may not be im=
proper to notice some of those about to close the scene. The
first of this class generally appearing is fainting, and pre=

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quently one fit succeeding another: next vomiting comes on. The flooding generally ceases during the continuance of these two last symptoms. To these succeed deep sighing, laborious respiration, and, finally, a convulsive fit or two puts an end to the unfortunate subject. But though those violent symptoms have not presented themselves and the patient withstood the hemorrhage and survived delivery, she is still far from being out of danger, for a fever may come on and the patient be cut off in a few days

Having noticed the symptoms as they generally appear, the next part of our duty will be to take into view the treatment necessary to the different circumstances. But, before entering upon the consideration, it may be proper to observe that we shall occasionally take the liberty of partially leaving our subject, with the view to demonstrate, as well from analogy as from practice, the utility of the secale cornutum in uterine hemorrhage. We shall, however, first notice the remedies provided by nature.

Nature in her wisdom and goodness, has provided remedies suited to almost every accident that may befal

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the human race; but very often her efforts are ineffectual, no doubt in a great measure owing to the many changes in civilized society from that of original nature. Yet, notwithstanding our many deviations from nature, she still continues her action upon us, though most probably not to that extent. The powers given by nature for restraining hemorrhage generally, are of two kinds: a contraction of the bleeding vessels, and a coagulation of the blood effused. The effect of contraction upon the vessel is a diminution of its diameter, and the smaller the vessel the more evident the contraction. The effects of coagulation are, simply, the formation of plugs in the mouths and compresses on the sides of the bleeding vessels: all those effects evidently tending to stop the further effusion of blood.

Uterine Hemorrhages, we have already said, are produced by a seperation of a part or the whole of the placenta from the uterus. The blood vessels connecting these two organs together are generally large, and the larger the vessels the less evident their power of contraction and a less likelihood of a coagulation taking place. Nature in this case has furnished another remedy; a power of contraction in the

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uterus itself, produced by its own muscular fibres. This last power, however, frequently from many causes nature is unable to bring into action. It then becomes necessary for the interference of the practitioner, whose duty it will be to endeavour to produce it.

When a portion of the placenta is situated over the os uteri, hemorhage generally takes place before labour or before the rupturing of the membranes. In this situation a number of modes of practice have been recommended and observed. It has been advised to introduce the finger into the os uteri, and pass it along side of the uterus to the edge of the placenta and there to rupture the membranes, with the view that the water may be discharged and the contraction of the uterus induced. This practice sometimes answers the purpose: the hemorhage may be stopped and the child expelled, without its future appearance. But should this object not be fully obtained, the situation of the patient may be worse than at first: the head of the child may be forced some distance into the pelvis; the hemorhage then may return; and from the want of room to introduce the hand, we are unable to effect the delivery

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by turning the child. In this critical situation we would, in order to the safety of the mother's life, be compelled to destroy the life of the child, by our last resort to the crotchet. Under these circumstances we are induced to consider the practice an injudicious one, and as in this case neither the os uteri nor the external parts would be fully dilated, it would be improper to have recourse to the use of the secale cornutum.

Before proceeding further with the treatment, we shall make a few remarks upon the objects to be obtained by the administration of the secale cornutum, and likewise upon the manner of using it, without in any way attempting to explain its modus operandi; afterwards we shall notice its application to the different circumstances yet to be considered.

It is but a short time since the secale cornutum was regularly introduced into the materia medica, but experience has already shown that it has a peculiar and powerful effect upon the uterus. The effects produced by this medicine, appear to be an immediate and powerful contraction of the muscular fibres of the uterus. This will appear more evident from its effects in parturition, where, when the uterus is

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languid and destitute of power sufficient to expel the fœtus, contractions are brought on in a few minutes by a single dose of the medicine, and the patient delivered: likewise from its immediate and beneficial effects in what is usually termed menorhagia, and in every other case where the want of power in the uterus was the evil to be remedied. We have generally used the medicine in the form of decoction; one half of a drachm to four ounces of water has always been found to answer the purpose, giving one third of the quantity every fifteen or twenty minutes until the object be attained. Though we have generally given the medicin in decoction, we do not wish to be understood that the good effects of it will not be attained by giving it in substance, but that its effects will not be so immediate

We shall next notice the remaining parts of the treatment yet to be considered, and endeavour to particularise the different cases in which our medicine will be found useful.

If a woman be seized with uterine hemorhage at any period during the last three months of her pregnancy,

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we have been directed to deliver. This we are induced to believe is not the most advisable practice, unless the hemorhage is to an extent requiring immediate attention; for as the os uteri may not be sufficiently relaxed and the woman not weakened by the loss of blood, in this case it will be proper to delay the delivery until the os uteri be fully dilated. At this period we have been advised by some to embrace the opportunity, and immediately to deliver by turning the child. Even this practice we must take the liberty to limit, and advance an objection to turning the child universally, and the objection we consider one of importance; that is pressure made upon the umbilical cord stopping the circulation in it while the head is passing through the pelvis, which very frequently occupies so much time as completely to destroy the child. If the os uteri and the external parts be sufficiently relaxed, we would recommend the use of the secale cornutum, in preference to turning. We are aware that it has been suggested that the death of the child is sometimes a consequence following the administration of the secale cornutum. This we are not prepared to deny, but fear there are strong foun-

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dations for the assertion: nevertheless we are fully convinced that the death of the child from the operation of the medicine, is a circumstance less to be feared and happening much less frequent than from turning the child. When the hemorrhage is violent and the os uteri ~~not sufficiently~~ not sufficiently dilated to warrant the administration of the ergot, then the turning will be indispensable. To effect this intention, the hand of the accoucher must be introduced into the uterus, when, if the membranes are not already ruptured, they will generally break by the mere introduction; if not, they are to be ruptured, taking hold immediately of the feet and bringing them down, leaving the body and head to be expelled by the contraction of the uterus, which this operation generally tends to induce, and when induced secures the patient from a return of the hemorrhage. But should the contraction not come on as expected, the accoucher is directed to create with his finger some irritation in the vagina or on the perineum, which very frequently has the effect desired. This last mentioned situation is one in which the ergot could not with propriety be administered; for though the operation of this medicine

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is more instantaneous than almost any other, yet the time occupied in preparing it added to the time it would require to produce its effects, would consume too much time to warrant the having recourse to it on that ground: and further, could its effects be produced in time to be of use, the contractions might be so violent as to add to the already dangerous situation of the child by increasing the pressure upon the umbilical cord.

In the preceding part of this essay we have noticed that uterine hemorrhage is always more or less the consequence of the placenta being situated over the os uteri, the hemorrhage appearing generally about the time the cervix uteri commences dilating. When under those circumstances hemorrhage has come on, several modes of practice have been recommended. Some have directed the passing the hand between the placenta and uterus, rupturing the membranes and bringing away the child through them; others have recommended the thrusting the hand through the centre of the placenta and bringing the child through the opening. This last method is certainly attended

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with an additional danger to the life of the child, the rupturing the umbilical artery. A third method has been advised; the insinuating the hand between the placenta and the uterus at the side of the placenta nearest the orifice of the os uteri when it can be ascertained, and continuing the hand if possible up until near the fundus uteri, then to rupture the membranes, catch the feet, bring them down and deliver. This method has some advantages; the retaining a portion of the waters within the uterus, and preventing it from contracting closely upon the body of the child.

If flooding come on during labour, our practice will have to be governed in some measure by the state of progression. If the head of the child has not proceeded so far into the pelvis as to prevent the practicability of turning, we are directed immedialety to turn and deliver by the feet; and when the head of the child is sufficiently in the pelvis to enable us to use the forceps, we are directed to use them; and we are further directed that, when the forceps cannot be used without injury to the mother, to have recourse to the crotchet. In these different cases the ergot, under peculiar circumstances, would certainly supercede

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the necessity of turning or resorting to the use of mechanical instruments. In the first case should the presentation be natural and the parts sufficiently relaxed, the ergot might be used with safety; and in the second case, under the same circumstances, it has been found most decidedly effectual: in the third case, under the same advantageous circumstances, we are of opinion that it should be used before resorting to so unnatural an instrument as the crotchet. It may further be noticed; in cases where we shall have had recourse to the use of instruments, and the flooding shall have been restrained; when the head has been delivered it will be proper to wait a while to give the uterus an opportunity to contract sufficiently to expel the body.

We have said that hemorhage may come on after the birth of the child and previous to the abstraction of the placenta, and this sometimes may be truly flooding. When the hemorhage in this stage is any way profuse, it will be necessary to deliver the placenta; but in attempting to remove it, great care must be taken to produce a contraction in the uterus previous to its removal. Here, though the ergot could be of no injury it

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will seldom be necessary as a little irritation produced by slightly rubbing the fingers against the side of the uterus will generally bring on contraction sufficient to expel the placenta, and we should retain the hand in the uterus until it shall be expelled with the placenta.

We have said hemorhage may come on after the birth of the child and removal of the placenta. Here it may be proper to mention, what at this time ought to be considered hemorhage. There may follow immediately after the removal of the placenta a large portion of blood, a quart sometimes, and this may happen though there is properly no flooding: the contractile powers of the uterus may be sufficiently quat, and this being so, the blood lost will only be the blood contained within the uterus itself; but as this does not produce any of the effects of flooding, it cannot properly be so considered. But should the discharge continue and faintness be produced, then it may be properly considered flooding. The bringing away the placenta too soon after the delivery of the child is what generally produces the flooding at this time. The placenta is generally expelled within half an hour after the birth of the child by

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the contractions of the uterus, and when expelled by this power there will be no hemorrhage. The anxiety of the patient and the officiousness of the persons about her, sometimes induces the accoucher to remove the placenta too soon, and flooding is the consequence. In this situation several modes of practice have been advised: the application of cold will generally be found to answer the purpose, as cold water externally applied, cold drink, opening the windows and doors, removing all the bed clothing except so much as decency alone requires to be retained. These means have generally been found adequate to the purpose, yet sometimes they fail, and then we have been directed to inject into the uterus cold water, vinegar and water, or to introduce a piece of ice into the uterus. We have likewise been directed to introduce a lemon having first had its skin taken off, and suddenly to compress it with the hand, causing it to part with the greatest portion of its acid and to suffer the lemon to remain until it be expelled by the uterus itself. Those means enumerated have been generally found to answer the intention, and though in this critical situation we are unwilling to abandon remedies known and practised with success, and adopt

others which we have not witnessed the good effects of, yet we are convinced that the ergot would be found immediately effectual. It may be proper, before dismissing the subject, to observe, that after a flooding the patient should not be moved for sometime; and even though there should have been no flooding, the moving the patient too soon may bring it on.—

The precept still sticks closely by us,

Nil dictum quod non dictum prius.

I have now finished my remarks on uterine hemorhage; but were I here to stop, I should do injustice to my own feelings, and be guilty of the height of ingratitude. The unremitted exertions of the Medical Professors whose lectures I have heard with so much pleasure and the recollection of which excites the most lively sensations, demands of me my warmest acknowledgments. That their health may long enable them to continue the further diffusion of knowledge and to support the dignified character our institution now holds among the medical world, is the sincere wish of the

Author